## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in 1C 5-2-15-3.

Date:	<u>42-31318</u>	Address:	500 BLOCK OF S. BROADWAD
Case #:	<u>42-31318</u>		<u>GREENSBURG, IN</u>
County:	<u>DECATUR</u>		<u>47240</u>
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open · No Structure</li><li>☐ Other:</li></ul>
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): SALT, COOKWARE, TOOLS			
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Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		<ul> <li>Investigative Information</li> <li>☐ Ephedrinc/Pseudoephedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other:PROPERTY OWNER</li> </ul>	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: G.F.D.	Fax: <u>F-MAIL</u>	
Health Department: D.C.H.D.		Fax: <u>E-M/</u> Fax:	
Child Prote	ection Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <a href="https://example.com/chief-phone-317.234.4591">CHIP AYERS</a> Phone 317.234.4591			

- This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case tile, and a copy sent to the Clandestine Laboratory Team Leader for retention.